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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/646,105
	Filing Date	Aug 22, 2003
	First Named Inventor	Bardy, Gust H.
	Art Unit	Unassigned
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	020.0339.US.CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. REQUEST FOR FILING RECEIPT 2. POSTCARD
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	February 23, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Larissa V. Pigott		
Signature		Date	February 23, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Application No.: 10/646,105

Filed: August 22, 2003

Title: System And Method For Diagnosing And  
Monitoring Congestive Heart Failure For  
Automated Remote Patient Care

Attorney Docket No.: 020.0339.US.CON

Group Art Unit: Unassigned

Examiner: Unassigned

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**REQUEST FOR FILING RECEIPT**  
**FOR PATENT APPLICATION FILED PURSUANT TO 37 CFR 1.53(b)**

Dear Sir:

Applicant received a return postcard included with the above-identified patent application, which was filed under 37 CFR 1.53(b) as a complete application. The postcard indicated serial number 10/646,105 and filing date August 22, 2003.

To date, applicant has not received a filing receipt. Pursuant to 37 CFR 1.54(b), applicant requests the mailing of a filing receipt to the following correspondence address:

Law Offices of Patrick J.S. Inouye  
810 Third Avenue, Suite 258  
Seattle, Washington 98104

Please contact the undersigned at (206) 381-3900 regarding any questions or concerns associated with the present matter.

Respectfully submitted,

Patrick J.S. Inouye, Esq.  
Attorney/Agent for Applicant(s)  
Reg. No. 40297

**Customer Number: 22895**

Date: February 23, 2004

Telephone No.: (206) 381-3900